

## AGREEMENT TO HOLD RESOLUTION SESSION

Date of Session: \_\_\_\_\_

Beginning time: \_\_\_\_\_

Ending time: \_\_\_\_\_

1. I agree to participate in a Resolution Session conducted according to the requirements found in the Individuals with Disabilities Education Act of 2004 with \_\_\_\_\_ as the facilitator.
2. I am choosing to pursue the Resolution Session in an effort to reach an agreement on issues concerning special education services for \_\_\_\_\_.
3. I understand that the facilitator will not disclose anything about this Resolution Session that in any way identifies the parties to it. I also understand that the facilitator cannot be called to testify as a witness in any future hearing regarding this matter unless required to by law.
4. I will not blame the facilitator or try to obtain compensation or reimbursement from the facilitator for anything connected to the session—including the agreement we reach.
5. If we reach a written agreement, I understand that it will be legally binding and I agree to follow it.

*Please Print Your Name, Role, and E-mail Address and  
Sign Below Your Email*

Printed name and role (Facilitator)
email
Signature
Printed name and role (Person with authority to bind LEA)
email
Signature
Printed name and role (Person with authority to bind AEA)
email
Signature
Printed name and role (Person in the role of parent)
email
Signature
Printed name and role
email
Signature
Printed name and role
email
Signature